03355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rd. Mathewstown — LENGTH OF STAY (in this place): 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mathewtown, Rd.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edwards (Last) Bailey
4. DATE OF DEATH: (Month) Mar (Day) 12th (Year) 1952
5. SEX: male
6. COLOR OR RACE: Cal.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 8 1880
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME: Jeffery Bailey
14. MOTHER'S MAIDEN NAME: Harritt (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY No.: —
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia Rigt — 3 mo

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) H. C. O. D. — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1952, to 3-12, 1952, that I last saw the deceased alive on 3-11, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED: 3-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 15th 52 — NAME OF CEMETERY OR CREMATORY: Chapel, Lewistown — LOCATION (City, town, or county): Maryland Talbot (State)
DATE REC'D BY LOCAL REG.: 3/13/52 — REGISTRAR'S SIGNATURE: N. H. Neeries — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS: Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1952
BUREAU V. S.

03356

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Easton Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas Bailey

4. DATE OF DEATH (Month) (Day) (Year): March 20 1952

5. SEX: M
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3-15-1881
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isiah Bailey
14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Marie Bailey Easton Md R70 #4 Box 65

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Nephrosclerosis	?
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: B.P.H.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1952 to 3/20/, 1952 that I last saw the deceased alive on 3/19/, 1952, and that death occurred at 8 45 a m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/23/52
NAME OF CEMETERY OR CREMATORY: Williamsburg
LOCATION (City, town, or county): Easton (State): Md

DATE REC'D BY LOCAL REG.: 3/21/52
REGISTRAR'S SIGNATURE: N.H. Neeries
24. FUNERAL DIRECTOR: John D. Williams per E.R.F.
ADDRESS: Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1952
BUREAU U. S.

03357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (in this place): 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Evelyn Beck
4. DATE OF DEATH (Month) (Day) (Year): March 22 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Feb 15, 1903
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H.W.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr John S. Harrington
14. MOTHER'S MAIDEN NAME: Eleanor Ennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mr George Beck, Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1 Immediate cause (a) Generalized abdominal Carcinomatosis — 3 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple intestinal Obstructions — 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/24/52
19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis abdominal & intestinal Obstructions
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to March 22, 1952, that I last saw the deceased alive on March 22 1952, and that death occurred at 9:30 p.m. m., from the causes and on the date stated above.

SIGNATURE: Wm. D. Noble, MD (Degree or title) — ADDRESS: Dover St Easton Md — DATE SIGNED: 3/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/25/52
NAME OF CEMETERY OR CREMATORY: Denton
LOCATION (City, town, or county): Denton (State): Md

DATE REC'D BY LOCAL REG.: 3/23/52
REGISTRAR'S SIGNATURE: N. H. Nurie
24. FUNERAL DIRECTOR: J Virgil Moore & Son — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Cox

CERTIFICATE OF DEATH

Reg. Dist. No. 290

03358

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) McPherson (Last) Bigelow

4. DATE OF DEATH: (Month) (Day) (Year) March 15th 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 22-1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 9 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Howell, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McPherson Jr
14. MOTHER'S MAIDEN NAME: Jennie Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Alice Bigelow Richard, Georgetown S.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Arteriosclerosis	5 yrs
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	10 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 3/15/, 1952, that I last saw the deceased alive on 3/15/, 1952, and that death occurred at 11.30 P.m., from the causes and on the date stated above.

SIGNATURE B Cox (DEGREE OR TITLE) M.D. ADDRESS Easton Md DATE SIGNED 3/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 17-52
NAME OF CEMETERY OR CREMATORY Cemetery at Howell Mich.
LOCATION (City, town, or county) Howell, Michigan (State)
DATE REC'D BY LOCAL REG. 3/17/52
REGISTRAR'S SIGNATURE N.H. Neeres
24. FUNERAL DIRECTOR John D. Williams, Easton, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03359

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin Harrison (Middle) Bramble (Last)

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1886

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm

10b. KIND OF BUSINESS OR INDUSTRY: Farm work

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-09-2881

17. INFORMANT & ADDRESS: Mrs. Helen Bramble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cardiac decompensation; mitral stenosis and insufficiency	3 mos.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cachexia; severe; marked weight loss	8 mos.
	DUE TO (c)	Carcinoma; rectum c metastasis	1½ years

154X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51., to Mar. 20 19 52, that I last saw the deceased alive on Mar. 18, 19 52, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (DECREE OR TITLE) ADDRESS — DATE SIGNED

Arthur V. McLellan M. D. 511 Talbot St. — St. Michaels, Md. 3-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Mar. 22, 1952 — NAME OF CEMETERY OR CREMATORY Delmar, Delaware — LOCATION (City, town, or county) (State) Delmar, Delaware

DATE REC'D BY LOCAL REG. Mar 22 52 — REGISTRAR'S SIGNATURE Mrs Robt. L. Sell

24. FUNERAL DIRECTOR Norman D. Marshall, — ADDRESS

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days

Hospital, institution, or street address where death occurred: Memorial Hospital at Easton, Maryland

How long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: ~~Talbot~~ Queen Anne

City or town: Centreville, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. ...
(If rural, give LOCATION)

2.(a) If veteran, name war ...

3.(a) FULL NAME: Anna Broadway

3.(b) Social Security Number: unknown

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife ...

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan 20, ~~1952~~ 1890

8. AGE: Years 62 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: H.W.

11. Industry or business ...

MOTHER FATHER

12. Name: Anthony Thomas

13. Birthplace: Md

14. Maiden name: Amelia Downes

15. Birthplace: Maryland

16. Informant: Nelson Broadway

Address: Centreville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 12, 1952 (month) (day) (year)

Cemetery or crematory: Sandtown

Location: Hillsboro

18. Funeral director: J. V. Moore & Son

Address: Denton Md

19. 3/10 1952 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9, 1952 1952 at 6:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/20/52 19 to 3/9/ 1952 and that I last saw her alive on 3/8/52 19

Immediate cause of death ...

Due to: Uremia

Due to: Intestinal Obstruction 175X

Other conditions: Carcinomatosis original sight right ovary
(Include pregnancy within 3 months of death)

Major findings of operation: Carcinomatosis of abd. cavity Date of op. Dec. 16, 52

Autopsy results: Path. report - Carcinoma

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: J. T. B. Ambler M.D. M. D. or other

Address: 214 Dover St. Date signed: 3/9/52

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1952
BUREAU V. S.

13361

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (in this place) One year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Burns

4. DATE OF DEATH (Month) (Day) (Year) 3 22 1952

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH about 1898
9. AGE last birthday about 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Louisiana
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Martins Burns
14. MOTHER'S MAIDEN NAME Nora Linsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-9817
17. INFORMANT AND ADDRESS Mrs Edna Burns Williamsburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1952, to 3-22, 1952, that I last saw the deceased alive on 3-21, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. F. Buell M.D. Easton Md 3-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-25-52
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REG. 3/24/52
REGISTRAR'S SIGNATURE N. A. Neeres
24. FUNERAL DIRECTOR James B. Dashiell ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

RECEIVED
MAR 28 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLAIBORNE
LENGTH OF STAY (in this place) 72 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLAIBORNE
STREET ADDRESS (If rural, give location) RURAL -

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) — (Last) COCKEY

4. DATE OF DEATH: (Month) MARCH (Day) 7 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 3 SEPT 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOARDINGHOUSE OWNER AND MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: HOTEL & INN

11. BIRTHPLACE (State or foreign country): KENT ISLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN COCKEY

14. MOTHER'S MAIDEN NAME: SARAH C. TUNIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-12-1340

17. INFORMANT AND ADDRESS: MORDECAI THOMAS COCKEY - CLAIBORNE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	CEREBRAL HEMORRHAGE & LEFT HEMIPLEGIA	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	ARTERIOSCLEROSIS, GENERALIZED, MODERATE	years
	(c)	CARCINOMA, LIVER & METASTASES	2 years +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: INOPERABLE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPTEMBER 1899, to 7 MAR 1952, that I last saw the deceased alive on 6 MAR, 1952, and that death occurred at 9.00 P.M., from the causes and on the date stated above.

SIGNATURE: Asher V. Middleton (Degree or title) M. D. ADDRESS 511 TALBOT STREET ST. MICHAELS, Md. DATE SIGNED 8 MAR 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 10 MAR 52
NAME OF CEMETERY OR CREMATORY: FAMILY CEMETERY
LOCATION (City, town, or county) (State): CLAIBORNE Md.

DATE REC'D BY LOCAL REG.: MAR 7-52
REGISTRAR'S SIGNATURE: G. Wesley Lowell
24. FUNERAL DIRECTOR: Hampleton & Harrison ADDRESS: ST. MICHAELS, Md.

RECEIVED
28 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03363

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 days

Hospital, institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Saint Mickaels (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Katie Cook

3.(b) Social Security Number

4. Sex: Female

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): April 20, 1888

8. AGE: 63 Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: HW

11. Industry or business

MOTHER FATHER

12. Name: Isaiah Hazel

13. Birthplace: Md

14. Maiden name: Annie Conyer

15. Birthplace: Md

16. Informant: Lola Chester

Address: St Michaels Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/9/52 (month) (day) (year)

Cemetery or crematory: Bayaus Chapel

Location: Grasonville Md

18. Funeral director: [illegible]

Address: Easton, Md

19. 3/6 1952 (Date rec'd by registrar) N. H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1952, at 4:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Feb 1952 to 5 Mar 1952 and that I last saw her alive on 5 Mar 1952

Immediate cause of death: Cerebral hemorrhage — DURATION: 24 hrs

Due to: Essential hypertension — 2 ?

Due to:

Other conditions: Hypertensive cardio 2 scala 332X Pleura [illegible] (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [illegible] M.D. (M. D. or other)

Address: Carton, Maryland — Date signed: 7 Mar 52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1952
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Virginia (Last) Dean
4. DATE OF DEATH (Month) March (Day) 3 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 18, 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical
10b. KIND OF BUSINESS OR INDUSTRY School Board
11. BIRTHPLACE (State or foreign country) Talbot County Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Dean
14. MOTHER'S MAIDEN NAME Harriett M. Dulin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Miss Mary R. Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma	6 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to March 3, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE Shepard Keen Jr (Degree or title) Md. ADDRESS Easton DATE SIGNED 3/6/52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Mch. 6, 1952
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 3/4/52
REGISTRAR'S SIGNATURE N. H. Nerrie
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (In this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) J (Last) Deaton
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-10-1890
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Deaton
14. MOTHER'S MAIDEN NAME: Harriett Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clarence J Deaton Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 3 weeks

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Stricture, urethra
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28, 1952, to 3/12, 1952, that I last saw the deceased alive on ....., 19...., and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 3/15/52 — NAME OF CEMETERY OR CREMATORY: ~~Burial~~ Burrsville — LOCATION (City, town, or county): Burrsville (State): Md

DATE REC'D BY LOCAL REG.: 3/13/52 — REGISTRAR'S SIGNATURE: N. H. Neerier — 24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-1

RECEIVED
MAR. 24 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) dept
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) D. (Last) Denise
4. DATE OF DEATH (Month) March (Day) 10 (Year) 1952
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH March 4, 1887
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HW
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Mr Edwin B Lake
14. MOTHER'S MAIDEN NAME Catherine Maney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr Warren E Denise (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ca of Breast with Generalized Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH about 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 5, 1952, to Mar 10, 1952, that I last saw the deceased alive on Mar 10, 1952, and that death occurred at 12 40 p.m., from the causes and on the date stated above.

SIGNATURE Charles H. Wimbert (Degree or title) M.D. ADDRESS Ridgely, Md DATE SIGNED 3-12-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Mar 11, 52 NAME OF CEMETERY OR CREMATORY Red Bank N.J. Fairview LOCATION (City, town, or county) Red Bank (State) N.J.

DATE REC'D BY LOCAL REG. 3/11/52 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton, Md

RECEIVED
MAR 18 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 9 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) (Last) Ellwanger

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 5 1914

9. AGE last birthday: 38 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Mr Richard Bayley

14. MOTHER'S MAIDEN NAME: Molly Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mr J Herbert Ellwanger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

Antecedent cause (b) Diabetes mellitus

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 4 days; ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1952, to Mar 1, 1952, that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED Mar 1 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 3/4/52; NAME OF CEMETERY OR CREMATORY Greensboro; LOCATION (City, town, or county) (State) Greensboro Md.

DATE REC'D BY LOCAL REG. 3/2/52; REGISTRAR'S SIGNATURE N. N. Nevins

24. FUNERAL DIRECTOR R.B. Rawlings; ADDRESS Greensboro Md.

RECEIVED
11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford (Rural)
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) B. (Last) Eure

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 25, 1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Giles William Jump

14. MOTHER'S MAIDEN NAME: Martha Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Grady Jump Oxford, Md. R. D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

DUE TO

331 X Antecedent cause(s) (b) Cerebral Arteriosclerosis — yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952, to 3/20, 1952, that I last saw the deceased alive on 3/20, 1952, and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE Shepard Kreck Jr (DEGREE OR TITLE) M.D. ADDRESS Easton DATE SIGNED 3/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-24-52

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) Easton, Talbot (State) Md.

DATE REC'D BY LOCAL REG. 3/24/52

REGISTRAR'S SIGNATURE N. A. Neerus

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 369

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Fluharty

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 3, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Leonard Fluharty
14. MOTHER'S MAIDEN NAME: Sarah Rebecca Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Charles A. Fluharty - Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

420.1

Antecedent cause(s) DUE TO (b) H. C. D. [illegible] — [illegible]

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1952, to 3-20, 1952, that I last saw the deceased alive on 3-20, 1952, and that death occurred at 1300 m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (DEGREE OR TITLE) [illegible] ADDRESS Easton DATE SIGNED 3-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-22-52
NAME OF CEMETERY OR CREMATORY Landing Neck Cemetery
LOCATION (City, town, or county) Trappe, Md. (State) (Rural) Talbot Co

DATE REC'D BY LOCAL REG. 3/24/52
REGISTRAR'S SIGNATURE N. A. Neerus

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03376

Reg. Dist. No. 270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland — LENGTH OF STAY (In this place) 14 hrs-Town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Greene

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1952

5. SEX: F

6. COLOR OR RACE: B

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 24, 1952

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 14 / 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mem Hospital

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William R. Greene

14. MOTHER'S MAIDEN NAME: Gladys Marie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William R. Greene

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anoxia	
	(c) Prolonged labor	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1952, to 3/25/52 19..., that I last saw the deceased alive on 3/25/52, 19..., and that death occurred at 1:... A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Tyler Baker M.D. Easton 3-25-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 3/25/52 — NAME OF CEMETERY OR CREMATORY Memorial Hospital — LOCATION (City, town, or county) Easton — (State) Md

DATE REC'D BY LOCAL REG. 3/24/52 — REGISTRAR'S SIGNATURE M.A. Nevins — 24. FUNERAL DIRECTOR Memorial Hospital — ADDRESS Easton Md

RECEIVED
APR 21 1992
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 791

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) J. (Last) Haddaway

4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb 11 1905

9. AGE last birthday 47 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Michaels Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph J. Jefferson

14. MOTHER'S MAIDEN NAME Emma Noskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS Earle Haddaway St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis of Ca. to lungs.	5 months
	(c) Medullary Ca. of left breast.	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9/27/51

19b. MAJOR FINDINGS OF OPERATION Large medullary Ca of breast with axillary metast...

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25 ..., 19 51, to 3/12 ..., 19 52 that I last saw the deceased alive on 3/1 ..., 19 52 and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.T.B. Ambler M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 3/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/14/52

NAME OF CEMETERY OR CREMATORY Springhill Cemetery

LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REG. 3/14/52

REGISTRAR'S SIGNATURE Miss Robt. R. Seth

24. FUNERAL DIRECTOR C. H. Harrison ADDRESS St. Michaels, Md

RECEIVED
MAR 18 1952
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 hrs. 24 min.

Hospital institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 35 hrs. 24 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Charles Hopkins

3. (b) Social Security Number Unknown

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day yr.) April 29, 1870

8. AGE: Years 81 Months April 29, 1870 Days If less than one day ..... hrs. ..... min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Mr James W Hopkins
13. Birthplace Md

MOTHER
14. Maiden name Mary Hynson
15. Birthplace Md

16. Informant Mr Raymond C Hopkins

Address 8228 Dundalkan Balt Md

17. Burial (Burial, cremation, or removal Which?) Date thereof 3-4-52 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Talbot, Md

18. Funeral director Earl W Shofford

Address Easton Md

19. 3/3 1952 (Date rec'd by registrar) N.H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1952 at 1 29 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death Cerebrovascular accident

Due to Generalized arteriosclerosis

Due to .....

Other conditions ? Ca of Colon 331X
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations (153X) Date of op .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Arthur B. Cecil Jr. M. D. or other

Address Easton Maryland Date signed March 3 '52

RECEIVED
MAR 11 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) 1st. Francis (First) Olin (Middle) (Last) Hubbert

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dorchester Co. Md
12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME Edward Hubbert
14. MOTHER'S MAIDEN NAME Frances Flowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Alvin Hubbert, Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH 12 [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

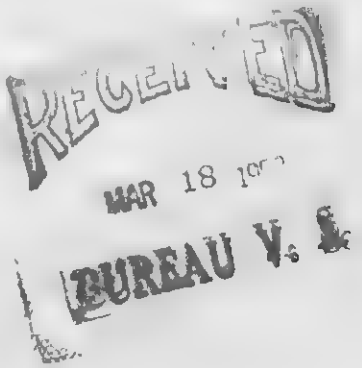
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 10:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/10/52
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 3/8/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J J Frampton Son Federalsburg Md. ADDRESS


MAR 18
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

COUNTY: Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: died in ambulance en route to — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital, Easton, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY: Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman

STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
G.	Frank	Jackson	3	18	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	white	married	ept. 30, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
drug store	Pharmacist	Tilghman, Md.	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William James Jackson	Susan Covington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	none	Mrs. Elsie Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to	a few
502.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary occlusion	(?)
	DUE TO (c) Chronic bronchitis & emphysema	(?)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from Jan., 19 52, to Mar., 19 52, that I last saw the deceased alive on Mar., 19 52, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison — (DEGREE OR TITLE) M.D. — ADDRESS: Easton, Maryland — DATE SIGNED: 20 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-20-52	Tilghman Cemetery	Tilghman, Talbot	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/20/52	M.D. Nevius	Maurice E. Newnam & Son	Easton, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mannie	(Middle)	(Last) Jackson	4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1952
5. SEX Male	6. COLOR OR RACE colored	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH unknown	9. AGE last birthday unknown yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible] for city of Easton	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) unk.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME unk.		14. MOTHER'S MAIDEN NAME unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT unk.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholism — Hours

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at CHA m., from the causes and on the date stated above.

SIGNATURE Lewis Whitty (Degree or title) Md D Mc ADDRESS Easton Md DATE SIGNED 3-21-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/2/52	City Morgue - Customer Board - Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/2/52	N. H. Neeries	N. D. Marshall - St. Michaels	Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Rachel Jones
4. DATE OF DEATH (Month) (Day) (Year): Mar 21 1952
5. SEX: ~~M~~ F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: July 14, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ~~Mrs Rachel Jones~~ Mr John Evans
14. MOTHER'S MAIDEN NAME: Mary Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Mrs. Lemuel Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lung.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) probably metastatic — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/, 1952, to 3/21/, 1952 that I last saw the deceased alive on 3/21/, 1952 and that death occurred at 6:30 PM m., from the causes and on the date stated above.

SIGNATURE: R E Cox — (Degree or title): M.D. — ADDRESS: Easton, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/25/52 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county): Greensboro (State): Md
DATE REC'D BY LOCAL REG.: 3/22/52 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: R. B. Rawlings — ADDRESS: Greensboro Md.

RECEIVED
MAR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Glenwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 208 Glenwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Franklin (Middle) (Last) Lane

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1906
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yardman for Mr. Cowhoven
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Lane
14. MOTHER'S MAIDEN NAME: Fannie Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-07-5258
17. INFORMANT & ADDRESS: Mrs. Franklin Lane Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.
4231 DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the ~~deceased from~~ ..... 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4A m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD (DEGREE OR TITLE) ADDRESS Easton Md DATE SIGNED 3-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-20-52
NAME OF CEMETERY OR CREMATORY Coppervill e Church Cemetery
LOCATION (City, town, or county) Copperville, Talbot (State) Md.

DATE REC'D BY LOCAL REG. 3/19/52
REGISTRAR'S SIGNATURE N. H. Neeman
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR. 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital Easton Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carolina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson ✓
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) (Last) Meredith
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 21, 1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Mr Patrick McManus
14. MOTHER'S MAIDEN NAME: Theresa Terrayce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mr Wm B Meredith. Henderson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
501.1 Immediate cause	(a) Arteriosclerotic Heart Disease	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Incarcerated Femoral Hernia	6 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/18/52
19b. MAJOR FINDINGS OF OPERATION: Incarcerated hernia
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1951, to 3/19, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE: Shepard Kreck Jr — (Degree or title): MD — ADDRESS: Easton — DATE SIGNED: 3/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/21/52 — NAME OF CEMETERY OR CREMATORY: Hillsboro — LOCATION (City, town, or county) (State): Hillsboro, Md.

DATE REC'D BY LOCAL REG.: 3/20/52 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: R. B. Rawlings — ADDRESS: Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE.

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton (Rural)
LENGTH OF STAY (in this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Brent (Middle) L. (Last) Merrick
4. DATE OF DEATH: (Month) Mar. (Day) 29 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Feb. 9, 1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (House)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Merrick
14. MOTHER'S MAIDEN NAME: Emma Harrington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.: 212-18-6124
17. INFORMANT & ADDRESS: William Tomlinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia
DUE TO
Antecedent cause(s) (b) Body almost consumed by fire
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Easton RD (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 3 (Day) 29 (Year) 52 (Hour) c 4A M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stove exploded while he slept

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 4A m., from the causes and on the date stated above.

SIGNATURE Louis Schultz MD (DEGREE OR TITLE) DME ADDRESS Easton Md DATE SIGNED 3-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 1, 1952
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Talbot (State) Md.
DATE REC'D BY LOCAL REG. 3/30/52
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam Jr. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 7 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ST. MICHAELS
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) JOSEPH (Last) MORAN

4. DATE OF DEATH (Month) MARCH (Day) 23 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT 9, 1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED NAVY
10b. KIND OF BUSINESS OR INDUSTRY U.S. NAVY
11. BIRTHPLACE (State or foreign country) ALBANY NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JAMES MORAN
14. MOTHER'S MAIDEN NAME MARY LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 086-16-1764
17. INFORMANT AND ADDRESS MRS JOHN J MORAN, ST. MICHAELS, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH One hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19..., to ..., 19..., that I last saw the deceased alive on Did not attend him, 19..., and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Denny Watson, M.D. St. Michaels, Md Mar 23, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAR. 26. 1952
NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
LOCATION (City, town, or county) (State) LONG ISLAND, N Y

DATE REC'D BY LOCAL REG. Mar 23, 52
REGISTRAR'S SIGNATURE Mrs Robert L. Seth
24. FUNERAL DIRECTOR S. HAMBLETON HARRISON, ST MICHAELS, MD ADDRESS

RECEIVED
MAR 26 1952
BUREAU V. S.

57

83

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot County

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Easton Memorial Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Caroline

City or town Preston (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mr. Frances Papiernick

3. (b) Social Security Number

4. Sex M

5. Color or race W

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Frances Papiernick

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 87 Months Days If less than one day ... hrs. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Jacob Papiernick

13. Birthplace

14. Maiden name Mary ?

15. Birthplace

16. Informant Mrs. Frances Papiernick

Address Preston Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/14/52 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director [illegible]

Address Easton Md

19. 3/12 1952 (Date rec'd by registrar) N. H. Neerius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1952 at 6 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1952 to March 11 1952 and that I last saw him alive on March 11 1952

	DURATION
Immediate cause of death Acute Pulmonary Edema & Uremia	3 days
Due to Chronic Arteriosclerotic Cardio Renal Disease	10-15 yrs
Due to	
Other conditions Autopsy Hypertrophic Leukemia 442x (Include pregnancy within 3 months of death)	?

Major findings of operations (2050) Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Preston Md. Date signed 5/12/52

RECEIVED
MAR 18 1952
BUREAU V. S.

Item 0 FilmG142 4/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. — LENGTH OF STAY (in this place) 1 hr 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs Elizabeth (Middle) Nephart (Last)
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1952
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH
9. AGE last birthday 70 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JW
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Conrad Schneidmiller
14. MOTHER'S MAIDEN NAME Katherine Fuchs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr August E. Nephart (son) Preston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Right Cerebral Hemorrhage — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Arteriosclerotic Heart Disease — 10 yrs

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1947, to 3/30, 1952, that I last saw the deceased alive on 3/30, 1952, and that death occurred at 5:55 p.m., from the causes and on the date stated above.
SIGNATURE: [signature] (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4/1/52 — NAME OF CEMETERY OR CREMATORY Preston — LOCATION (City, town, or county) Preston (State) Md
DATE REC'D BY LOCAL REG. 4/31/52 — REGISTRAR'S SIGNATURE N. H. Neerer — 24. FUNERAL DIRECTOR H. M. Hallis — ADDRESS Preston, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mcordova — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: M. Cordova
STREET ADDRESS (If rural, give location): Died - 3/15/52

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Robinson
4. DATE OF DEATH (Month) (Day) (Year) 05 [illegible] 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ✓
8. DATE OF BIRTH: 1887
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): So. Car.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: at
14. MOTHER'S MAIDEN NAME: Sallie Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of [illegible])
16. SOCIAL SECURITY No.: Phillips Pkg Co.
17. INFORMANT AND ADDRESS: Cordova, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — Years

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from PM, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at c 9A m., from the causes and on the date stated above.

SIGNATURE: Louis Whitty MD DME (Degree or title) — ADDRESS: Easton Md — DATE SIGNED: 3-15-52

23. BURIAL CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 3-15-52 — NAME OF CEMETERY OR CREMATORY: City Morgue Anathony Bd. — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 3/17/52 — REGISTRAR'S SIGNATURE: N. H. Neerie — 24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

V8-A15

RECEIVED
1952
BUREAU

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

384

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 days

Hospital, institution, or street address where death occurred: The Memorial Hospital

How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton (If outside city or town limits, write RURAL and give nearest town)

Street No. 506 High St. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Addie V. Smith

3.(b) Social Security Number

4. Sex: F.

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Widowed.

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Jan 1, 1876

8. AGE: Years 76 Months Days If less than one day ... hrs. ... min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: H W

11. Industry or business

MOTHER FATHER

12. Name: George Bailey

13. Birthplace: Md

14. Maiden name: Ida May Lake

15. Birthplace: Md

16. Informant: John Butler

Address: Denton Md

17. Burial (Burial, cremation, or removal Which?) Date thereof 3/15/52 (month) (day) (year)

Cemetery or crematory: Denton

Location: Denton Md

18. Funeral director: James B. Darbell

Address: 310 So. St. Easton, Md.

19. 3/14 1952 (Date rec'd by registrar) N. H. Neerus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 1952 at 4:26 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/21 1952 to 3/12 1952 and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Uremia	1 week
Due to Nephrosclerosis	?
Due to arteriosclerosis, generalized	?

Other conditions: 442 X (Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: B Cox M D (M. D. or other)

Address: Easton Md Date signed

RECEIVED
MAR. 24 1992
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) STACH

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan 1, 1896

9. AGE last birthday: 56 yrs. If under 1 year: Months 2, Days 14, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. James W. Stach

14. MOTHER'S MAIDEN NAME: Annie Robeyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Mrs. Anna L. Stach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval Between Onset and Death: 24 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) bronchial infection due to — 5 days

(c) arteriosclerotic coronary thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 19 52, to 3-14, 19 52, that I last saw the deceased alive on 3-14, 19 52, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 17 Mar 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/18/52

NAME OF CEMETERY OR CREMATORY: Holy Cross

LOCATION (City, town, or county) (State): Greensboro Md.

DATE REC'D BY LOCAL REG. 3/15/52

REGISTRAR'S SIGNATURE: N.H. Merrick

24. FUNERAL DIRECTOR: R.B. Rawlings ADDRESS Greensboro Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR. 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Washington (Last) Stewart

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 6, 1870
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Stewart
14. MOTHER'S MAIDEN NAME: Mary Jane White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Margaret Stewart, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

422.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to March, 1952, that I last saw the deceased alive on March 10, 1952, and that death occurred at 11:45 A.m., from the causes and on the date stated above.

SIGNATURE Sherard Keen Jr (DEGREE OR TITLE) M.D. ADDRESS Easton DATE SIGNED 3/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar. 31, 1952
NAME OF CEMETERY OR CREMATORY Oxford Cemetery
LOCATION (City, town, or county) Oxford, (State) Md.

DATE REC'D BY LOCAL REG. 3/29/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
APR 7 1952
BUREAU V. R.

03387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Matthew (Last) Walker
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Jan 25, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Artist
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Matthew Walker
14. MOTHER'S MAIDEN NAME Sarah Jane Stevenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Mr C. C. Walker Williams 410 S. Potomac Street Waynesboro, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 0:1

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac failure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Mar, 1952, to 22 Mar, 1952, that I last saw the deceased alive on 22 Mar, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Carlton Maryland DATE SIGNED 23 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/25/52
NAME OF CEMETERY OR CREMATORY Gill Crest
LOCATION (City, town, or county) Federalsburg (State) Md
DATE REC'D BY LOCAL REG. 3/23/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
APR 2 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03388

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 days

Hospital, institution, or street address where death occurred: Memorial Hospital, Easton, Md.

How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Wilson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Daniel Wilson

13. Birthplace Md

MOTHER 14. Maiden name Rosetta Warner

15. Birthplace Md

16. Informant Vergie M. Wilson

Address 114 West St. Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/12/52 (month) (day) (year)

Cemetery or crematory Newtown Cemetery Md

Location Cordova Talbot Md.

18. Funeral director Earl W. Stafford

Address Easton Talbot Co. Md

19. 3/12 1952 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1952 at 10 23 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to 3/10/ 1952 and that I last saw h... alive on 3/10/ 1952

Immediate cause of death Arteriosclerosis, generalized

Due to

Due to

Other conditions 450.0 (Include pregnancy within 3 months of death)

DURATION: Several years

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other

Address Easton Md Date signed 3/11/52

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 18 1952
BUREAU V. S.